

COMMONWEALTH of VIRGINIA

James A. Rothrock, M.S., L.P.C. Commissioner

Department of Rehabilitative Services
8004 Franklin Farms Drive
Richmond, VA 23229

VOICE: (804) 662-7000 TTY: (804) 662-9040 VOICE-TOLL FREE: 800-552-5019 TTY-TOLL FREE: 800-464-9950 FAX: (804) 662-9532

Dear Personal Assistant:

The Department of Rehabilitative Services Personal Assistance Services Program is a consumer-directed (the individual with the disability is the employer) program that allows individuals with significant physical disabilities to maintain, gain, or regain independence in completing activities of daily living (ADLs) and instrumental activities of daily living (IADLs), with assistance from another individual. You have been hired by an individual with a disability to assist with non-medical tasks, such as, bathing, dressing, eating, transferring, and toileting supervision and/or clean up. You may also assist with meal preparation, laundry, light household tasks, and transportation.

Enclosed is a packet of information, along with contracts, to be completed by you and your employer. You must attach to the Employment Eligibility Verification form (I-9) photocopies of identification as listed on the List of Acceptable Documents. You may copy one document from List A; or one document from List B and one document from List C. The information requested will be used to produce payroll information, correspondence, and for federal reporting. It is important that all information you furnish be accurate and complete. I am also enclosing a brochure on Direct Deposit, which we encourage you to consider for safer handling of your paychecks. It is your responsibility to advise the DRS PAS Office of any future changes in the information you have submitted. Failure to report future changes will result in delays with your paycheck.

ASI Works of Bethesda, Maryland produces the pay checks for the DRS PAS Program and withholds income taxes, FICA (Social Security Taxes), and unemployment taxes. In January of each year, you will receive a W-2 from ASI Works, showing your total income for the previous year and the total taxes paid by you.

If you have questions concerning the information in this packet, please contact Keith Enroughty at 804-662-7074, or Mamie Nunery at 804-662-7469. We can also be reached by calling toll free 1-800-250-3754. Copies of these forms can also be found on the DRS website at www.vadrs.org. If you have concerns about lost or late checks, please contact ASI Works at 1-800-654-3903 between the hours of 8:00 a.m. and 5 p.m.

Sincerely,

W. M. (Bill) Rhodenhiser, ACSW DRS Personal Assistance Services Program Manager

Enclosures

PERSONAL ASSISTANCE SERVICES PROGRAM PROVIDER FORM

1.	Em	<mark>ployer (Consumer's) Nam</mark>	<mark>ne:</mark>		
		sonal Assistant Informati			
	Ple	ase print or type the <i>legal</i> r	name, address and pho	ne number of the Personal Assis	tant.
	Na	<mark>ime</mark>	Soci	al Security Number:	
		asil Addusas			
	<u> </u>	nail Address:			
	Ac	Idress (Street and/or Post	Office Box)		
-					
	Ci	ty	State	Zip (9	-Digit)
	()	()	
-	Ph	one Number	Eme	ergency Contact Number	
	_				
	Ce	ell Phone Number ()		
3.	En	nployment Agreemen	ı t		
	a.	The individual with a dis parent. If the individua sister, I do not/will not li	l with a disability for v	work is not my spouse, child on whom I will work is my brother nce with him/her.	or or
	b.	I will not be paid for time	e I do not work.		
	c.	I will not be paid while the using my services.	e individual with a disa	bility is in the hospital, or other	wise not
	d.	federal and state income 4 forms. I understand th	taxes based on the info at Social Security and	e DRS PAS Program) will withho ormation I provided on the VA-4 I Medicare payments (FICA) wil cial Security on my behalf.	and W-
	e.	I am a citizen of the Unit	ed States, or otherwis	e eligible to work in this count	ry.
My s	sign	ature on this form certifies that, to th	ne best of my knowledge, all int	formation is accurate, true and complete. I	agree to
give	pro	of of this information if requested. I	understand that giving inaccu	rate or misleading information, including fal	se
stat	eme	nts or forgery, may result in the sus	pension or loss of my services	and may result in civil or criminal proceeding	ngs.
4.		ignoturo		Data	
	3	<mark>ignature</mark>		Date	

PERSONAL ASSISTANT SERVICE AGREEMENT

This agreement shall be between (Employer)	and
(Personal Assistant)	
My personal assistant will be responsible for performing the following tasks listed below designated hours of employment. (Mark which task is performed; indicate when often)	v during the
Transferring In/Out of Bed:	
Dressing/Undressing:	
Meal Prep/Clean-up	
Laundry:	
Shopping/Errands:	_
Transportation:	
Other:	
The duties listed shall govern the course of this agreement and will not be char amended except with written consent of all parties involved. Two weeks notice will be given by either party regarding termination of this agreement extreme circumstances where either party has neglected to fulfill any part of this agreement.	it, except ir
PAYMENT:	nem.
Payment will be processed through the Virginia Department of Rehabilitative Servic refer to Instructions for Completion of Timesheets. Assistants shall be paid at the rat per hour and all time worked must be approved by the employer. The employer responsible for any payment unless otherwise indicated in this agreement. An assistant or recourse for payment except through the governing agency; Virginia Department of Rehabilitative Services PAS Program.	e of \$11.47 will not be t shall have
My signature on this form certifies that, to the best of my knowledge, all information is accurate, true and confidence to give proof of this information if requested. I understand that giving inaccurate or misleading information including false statements or forgery, may result in the suspension or loss of my services and may result in criminal proceedings.	nation,
EMPLOYER (Used to verify signature on timesheets)	
ASSISTANT DATE	
(Used to verify signature on timesheets)	

CONSUMER NOTIFICATION

Virginia Department of Rehabilitative Services Authorization to ACT as Agent on Consumer's Behalf

Consumer (Employer) Information Agency Information

	<u> </u>	
Name	Agency: Department of Rehabilitative Services	
Address	Address: DRS PAS Program P O Box 71958 Henrico, VA 23255	
Phone #:	Personal Assistant's Name:	
Case #:	Personal Assistant's Phone #:	

The Virginia Department of Rehabilitative Services and the Internal Revenue Service (IRS) have recently reached an agreement which impacts you, your assistant, and the Department of Rehabilitative Services regarding the employment status of the assistant. The IRS has determined that you and your assistant have a common-law employer-employee relationship which means that you are the employer of your assistant.

Social Security laws require that all employers pay FICA (Federal Insurance Contributions Act) tax to the federal government to allow the employee to have Social /Security benefits. In addition, employers must pay federal and state unemployment taxes for their employees. As such, FICA and federal and state unemployment taxes must now be paid for your assistant. Income taxes will be withheld on your behalf as well.

The Department of Rehabilitative Services will make these tax payments on your behalf to the federal government and to the Virginia Department of Taxation once you authorize the agency to act as your fiscal agent.

Please sign and date the statement printed below so that these tax payments can begin. The Virginia Department of Rehabilitative Services will keep this statement on file. Without your signed authorization, services cannot be provided, and payment of these taxes would be your responsibility.

AUTHORIZATION

I authorize the Virginia Department of Rehabilitative Services and its payroll contractor to act as my agent in withholding FICA taxes from the wages being paid on my behalf to the person who provides care to me in my home. I also understand that the Virginia Department of Rehabilitative Services will see that the payroll contractor withholds and pays the necessary Social Security taxes; federal and state unemployment taxes, and federal and state income taxes; and will issue W-2 forms as required for payment made to my assistant on my behalf.

Signature of Consumer	Date	

INSTRUCTIONS FOR COMPLETION OF TIMESHEETS

To avoid a delay of your paycheck, it is your responsibility to follow these instructions:

Timesheets must be filled out completely (see example on following page)

- Personal Assistant's full name.
- Employer's full name.
- Total hours worked.
- Total amount earned by Personal Assistant, less cost share, and total due.
- Timesheets must be signed and approved with original signatures, by my employer, and dated. The Personal Assistant will need to sign and date each time sheet as well. No faxed copies accepted.
- The time sheet must include dates of work and total hours worked each day.
- Total hours worked during the bi-weekly period must be shown in "TOTAL HOURS" box.
- Timesheet are mailed to DRS at the end of the predetermined pay period (Pay Schedule enclosed) NOTE: Timesheets must be submitted bi-weekly.
 Failure to submit timesheets on time will result in delays in payment until the next pay period date.

Additional timesheets can be found at www.vadrs.org in the PAS Forms Cabinet

PAYMENT PROCESS

- Time sheets are to be received at DRS/PAS Program by the 3rd business day following the end of the pay period.
- Time sheets will be processed at the DRS PAS Office by the end of the 4th business day.
- Payment information will be transmitted to Access Independence on the 4th business day.
- Check will be cut and mailed to Personal Assistants by the 6th business day following the end of the pay period.

Thank you for your cooperation in following these instructions. If you have questions or need further assistance, please call Mamie Nunery (804-662-7469), or Keith Enroughty (804-662-7074). If you are outside of Richmond, call toll free 1-800-552-5019.

SAMPLE COMMONWEALTH OF VIRGINIA

Department of Rehabilitative Services

Personal Assistant's Change of NAME/ADDRESS/TELEPHONE Check one: PA Consumer			MAILI	MAILING ADDRESS: Department of Rehabilitative Services PAS Program Post Office Box 71958		
			Departm PAS Pro			
E-mail Address:				VA 23255		
Cell Phone #:						
This is to certify th	at <mark>Pamel</mark> a	Assistant		has been emplo	yed as a	
Personal Assistan	t to John C	<mark>onsumer</mark>		for a total of 8	<mark>0</mark> hours	
shown below at \$	11.47 per hou	ur. The As	sistant has earn	ed <mark>\$</mark> 917.60	less cost	
share of \$229.4	0 to be	e deducted b	oiweekly and is d	ue a total of	\$688.20	
DRS every other using a separate to My signature on this form agree to give proof of this including false statement criminal proceedings. Approved by Person Pamela Assistant March 29, 2008	imesheet for n certifies that, to s information if re	each pay pe the best of my kr quested. I under result in the sus	eriod. nowledge, all informationstand that giving inacconsion or loss of my something the second se	on is accurate, true and urate or misleading info services and may result by Employer (Co	l complete. I ormation, in civil or	
	DATE	HOURS		DATE	HOURS	
				<u> </u>		
Thursday	6/18/09	8	Thursday	6/25/09	8	
<mark>Friday</mark>	<mark>6/19/09</mark>	8	<mark>Friday</mark>	<mark>6/26/09</mark>	<mark>8</mark>	
<mark>Saturday</mark>	<mark>6/20/09</mark>	0	Saturday	<mark>6/27/09</mark>	<mark>0</mark>	
<mark>Sunday</mark>	<mark>6/21/09</mark>	0	<mark>Sunday</mark>	<mark>6/28/09</mark>	0	
<mark>Monday</mark>	<mark>6/22/09</mark>	8	<mark>Monday</mark>	<mark>6/29/09</mark>	8	
Tuesday	<mark>6/23/09</mark>	8	Tuesday	<mark>6/30/09</mark>	<mark>8</mark>	
<mark>Wednesday</mark>	<mark>6/24/09</mark>	8	Wednesday	<mark>7/01/09</mark>	8	
	TOTAL	<mark>40</mark>		TOTAL	<mark>40</mark>	

TOTAL HOURS

<mark>80</mark>

FY 2010

PAY SCHEDULE FOR PAS PROGRAM

The pay periods will begin and end on the following dates. For example, if the pay period ends on the 31st and the assistant starts work on the 29th, the first timesheet would only be for those 3 days. Do not complete the timesheet for 14 days.

06/18/09	07/01/09	12/17/09	12/30/09
			,
07/02/09	07/15/09	12/31/09	01/13/10
07/16/09	07/29/09	01/14/10	01/27/10
07/30/09	08/12/09	01/28/10	02/10/10
08/13/09	08/26/09	02/11/10	02/24/10
08/27/09	09/09/09	02/25/10	03/10/10
09/10/09	09/23/09	03/11/10	03/24/10
09/24/09	10/07/09	03/25/10	04/07/10
10/08/09	10/21/09	04/08/10	04/21/10
10/22/09	11/04/09	04/22/10	05/05/10
11/05/09	11/18/09	05/06/10	05/19/10
11/19/09	12/02/09	05/20/10	06/02/10
12/03/09	12/16/09	06/03/10	06/16/10

INCOME TAXES

The Virginia Department of Rehabilitative Services Personal Assistance Services Program uses a consumer-directed (the individual with the disability is the employer) model. The IRS classifies the position of Personal Assistant as a "household employee". This means federal and state income taxes are usually not withheld from earned wages. Since payment is issued by a payroll contractor, Access Independence, a decision was made to withhold income taxes in order to relieve Personal Assistants of the responsibility of making quarterly estimated tax payments.

In order for withholding taxes to be properly calculated <u>and</u> to prevent delays with paychecks, the enclosed forms must be received by the DRS PAS Program. For your convenience, these forms are also available on the DRS website at <u>www.vadrs.org</u> in the PAS Forms Cabinet. Consumers (*employers*) need to ensure that each Personal Assistant completes the following documents:

Form VA-4

Form W-4 (2009)

Start-up Packet Checklist

REQUIRED PAPERWORK FOR EACH PERSONAL ASSISTANT

Provider Form
Personal Assistant Service Agreement
Consumer Notification
Employment Eligibility Verification (I-9) (This form is available at www.vadrs.org in the PAS Forms Cabinet.)
Copies of IDs from the List of Acceptable Documents (This is listed on the Employment Eligibility Verification (I-9) form.)
Copy of a Photo ID (Photo needs to be clear)
Copy of W-4 for Federal Taxes (This form is located at www.vadrs.org in the PAS Forms Cabinet under Payroll Forms.)
Copy of VA-4 (This form is located at <u>www.vadrs.org</u> in the PAS Forms Cabinet under Payroll Forms.)